



MUNICIPALITY OF MT. LEBANON
CONDITIONAL USE APPLICATION

CU 201\_\_ - \_\_\_\_

NAME OF PLAN:
LOCATION OF PLAN:
PROPERTY LOT AND BLOCK NUMBER:

PROPERTY OWNER INFORMATION

NAME:
ADDRESS:
PHONE NUMBER:

APPLICANT INFORMATION (If different from landowner)

NAME:
ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:

PROPERTY INFORMATION

PRESENT ZONING CLASSIFICATION:
TRANSITIONAL OVERLAY ZONING:
TOTAL CONTIGUOUS ACREAGE IN PLAN:
LOT AREA: SQ. FT. LOT FRONTAGE: FEET
TOTAL LOTS OR DWELLING UNITS:

DESCRIPTION OF REQUEST:

In order for the application to be considered complete and properly filed, all the items listed in the APPLICATION CHECKLIST, including the fees, must accompany this application.

HAVE ALL ITEMS LISTED IN THE APPLICATION CHECKLIST BEEN SUBMITTED?

YES NO

APPLICATION FILING FEE: \$ DATE PAID: CHECK #

I, hereby affirm that all of the information presented in this application, and the materials submitted herewith, are true and I understand that I must abide by all applicable Municipal Ordinances.

SIGNATURE OF APPLICANT: DATE:

To be completed by the municipality

Date Filed: Public Hearing Date: Decision Date: